

216021913  
100574

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 113	Agency Case No. B6-047520	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/30/2016		TIME OF ACCIDENT 1053	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1053	05/30/2016		
B	80	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. STATE FAIR PARK	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
		N 27 ACCESS					
V1/M	15	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H13097469		STATE (Of License)	NE	
V1/N	1	DRIVER	AMANDA K CHIPMAN		PHONE	4023182331	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/30/1989	
G	4	OWNER	AMANDA K CHIPMAN / MICHAEL G CHIPMAN		PHONE	LOCAL NO.	
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB518700	
V1/O	2	LICENSE PLATE	PA NO. TGZ652	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/O	2	VEHICLE	2010	MAKE Dodge	MODEL CXT	BODY STYLE 4 door Sedan	
I	1	VEHICLE ID NO. (VIN)	1B3CB4HA1AD664752		COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000	
		TOWED TO	TOWED BY		INSURANCE COMPANY	AMERICAN FAMILY	
				POLICY NO.		410030765246	
VEHICLE NO. 2							
F	1	DRIVER LICENSE NO.	H13360827		STATE (Of License)	NE	
V1/P	1	DRIVER	NABARAJ BANJARA		PHONE	4028178899	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/27/1982	
J	01	OWNER	NABARAJ BANJARA		PHONE	LOCAL NO.	
V1/Q	3	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V2/Q	4	LICENSE PLATE	PA NO. TDU106	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	4	VEHICLE	2004	MAKE Toyota	MODEL UXS	BODY STYLE 4 door Sedan	
K	03	VEHICLE ID NO. (VIN)	4T1BE32K84U341781		COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000	
		TOWED TO	TOWED BY		INSURANCE COMPANY	SHELTER	
				POLICY NO.		26175412602	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.	
					5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

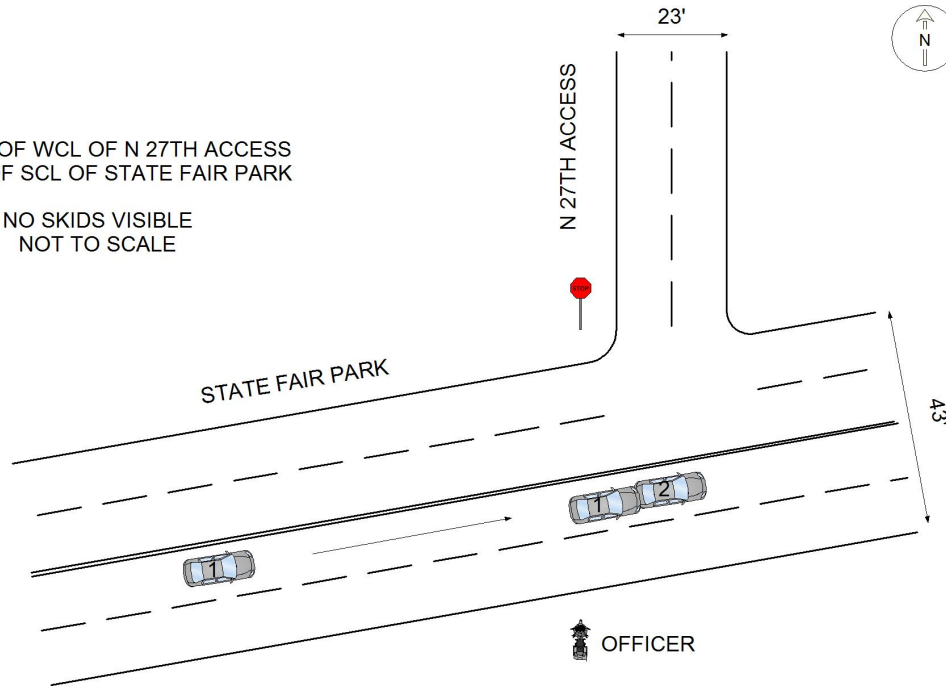
AGENCY CASE NO.  
**B6-047520**



Indicate  
North  
by Arrow

POI: 6' E OF WCL OF N 27TH ACCESS  
15' N OF SCL OF STATE FAIR PARK

NO SKIDS VISIBLE  
NOT TO SCALE



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 was EB on State Fair Park Dr approaching N 27th Access at approx. 35 mph in the inside lane. V2 was stopped in the inside lane ahead of V1 waiting to turn left onto NB N 27th Access. D1 failed to stop in time and collided into the rear of V2. D1 said she momentarily looked down at her phone for GPS and did not notice V2 stopped in front of her. D1 applied her brakes but could not stop before colliding into the rear of V2. Officer was stopped just south of the intersection and witnessed the accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/DRUGS SUSPECTED	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1	VEH 2
1			X		STATE FAIR P.	POINT OF IMPACT	01	POINT OF IMPACT	05	1	2	3	4	Driver No. 1	Driver No. 2
2			X		STATE FAIR P.	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	5	6	7	8	Y	Y
1	01	06 Turning left				00 None		02	03	04	1	2	3	N	N
2	11	08 Entering traffic lane				09 Top & windows		05	06		4	5	6	X	X
01 Essentially straight ahead						10 Undercarriage		07	08		7	8	9		
02 Backing						11 Total (all areas)		09	10		8	9			
03 Changing lanes						12 Other		11	12		9				
04 Overtaking/Passing															
05 Turning right															
13 Unknown															
OFFICER NO. <b>1587</b>						TROOP/TEAM/BEAT <b>6</b>		DEPARTMENT <b>Lincoln Police Department</b>				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) <b>John Fencil</b>						INVESTIGATOR SIGNATURE <b>Approved by Officer John Fencil</b>						DATE OF REPORT <b>05/30/2016</b>			